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 NEWS  3  FEB 27  New STN AnaVist pricing effective March 1, 2006
 NEWS  4  APR 04  STN AnaVist $500 visualization usage credit offered
 NEWS  5  MAY 10  CA/CAplus enhanced with 1900-1906 U.S. patent records
 NEWS  6  MAY 11  KOREAPAT updates resume
 NEWS  7  MAY 19  Derwent World Patents Index to be reloaded and enhanced
 NEWS  8  MAY 30  IPC 8 Rolled-up Core codes added to CA/CAplus and
                  USPATFULL/USPAT2
 NEWS  9  MAY 30  The F-Term thesaurus is now available in CA/CAplus
 NEWS 10  JUN 02  The first reclassification of IPC codes now complete in
                  INPADOC
 NEWS 11  JUN 26  TULSA/TULSA2 reloaded and enhanced with new search and
                  and display fields
 NEWS 12  JUN 28  Price changes in full-text patent databases EPFULL and PCTFULL
 NEWS 13  JUl 11  CHEMSAFE reloaded and enhanced
 NEWS 14  JUl 14  FSTA enhanced with Japanese patents
 NEWS 15  JUl 19  Coverage of Research Disclosure reinstated in DWPI
 NEWS 16  AUG 09  INSPEC enhanced with 1898-1968 archive

 NEWS EXPRESS  JUNE 30 CURRENT WINDOWS VERSION IS V8.01b, CURRENT
               MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),
               AND CURRENT DISCOVER FILE IS DATED 26 JUNE 2006.

 NEWS HOURS    STN Operating Hours Plus Help Desk Availability
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FILE 'HOME' ENTERED AT 17:09:14 ON 24 AUG 2006

=> file medline
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       0.21       0.21

FILE 'MEDLINE' ENTERED AT 17:09:21 ON 24 AUG 2006
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FILE LAST UPDATED: 23 Aug 2006 (20060823/UP). FILE COVERS 1950 TO DATE.

On December 11, 2005, the 2006 MeSH terms were loaded.

The MEDLINE reload for 2006 is now (26 Feb.) available. For details on the 2006 reload, enter HELP RLOAD at an arrow prompt (=>). See also:

http://www.nlm.nih.gov/mesh/
http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html
http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_med_data_changes.html
http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_2006_MeSH.html

OLDMEDLINE is covered back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2006 vocabulary.

This file contains CAS Registry Numbers for easy and accurate substance identification.

```
=> s tu cetrorelix
       1239173 TU
           218 TUS
       1239349 TU
                   (TU OR TUS)
           359 CETRORELIX
L1           0 TU CETRORELIX
                   (TU(W)CETRORELIX)

=> s cetrorelix and 0.25mg
           359 CETRORELIX
       7366870 0
           469 25MG
            82 0.25MG
                   (0(W)25MG)
L2           4 CETRORELIX AND 0.25MG

=> dis ibib abs l2

L2   ANSWER 1 OF 4     MEDLINE on STN
ACCESSION NUMBER:   2004128989     MEDLINE
DOCUMENT NUMBER:    PubMed ID: 15019030
TITLE:              Development and validation of a HPLC method for routine
                    quantification of the decapeptide Cetrorelix in
                    liposome dispersions.
AUTHOR:             Grohganz Holger; Schlafli Oliver; Rischer Matthias; Brandl
                    Martin
CORPORATE SOURCE:   Department of Pharmaceutics and Biopharmaceutics, Institute
                    of Pharmacy, University of Tromso, N-9037 Tromso, Norway..
                    holgerg@farmasi.uit.no
SOURCE:             Journal of pharmaceutical and biomedical analysis, (2004
                    Mar 10) Vol. 34, No. 5, pp. 963-9.
                    Journal code: 8309336. ISSN: 0731-7085.
PUB. COUNTRY:       England: United Kingdom
DOCUMENT TYPE:      Journal; Article; (JOURNAL ARTICLE)
                    (VALIDATION STUDIES)
LANGUAGE:           English
FILE SEGMENT:       Priority Journals
ENTRY MONTH:        200410
ENTRY DATE:         Entered STN: 16 Mar 2004
                    Last Updated on STN: 23 Oct 2004
                    Entered Medline: 22 Oct 2004
```

AB The development and validation of an HPLC method for the quantification of the decapeptide Cetrorelix (acetyl-D-2-naphthylalanyl-D-4-chlorphenylalanyl-D-3-pyridylalanyl-seryl-tyrosyl-D-citrullyl-leucyl-arginyl-prolyl-d-alaninamide), a potent antagonist of the luteinising hormone-releasing hormone in liposome dispersions is described. An isocratic reversed phase method with UV-detection appeared most appropriate. Several detergents were tried to disrupt liposomes. Furthermore, detergents turned out to be useful, because they minimised unwanted loss of Cetrorelix due to adsorption to the vial surfaces. Triton X-100 was found most effective, while sodium cholate led to quantification problems. In the presence of 2.5% Triton X-100 calibration curves with a high degree of linearity were achieved in the desired range of 0.2-10 microg/ml. The limits of detection and quantification of Cetrorelix were calculated from the peak-to-noise ratio to be 11 and 37 ng/ml, respectively. The repeatability of the method in presence of phospholipid and Triton was good with relative standard deviations (R.S.D.) ranging from 0.8% (at 0.05 microg/ml) to 1.5% (at 0.2 microg/ml). The presence of liposomes at phospholipid contents of up to 0.25mg/ml did not significantly affect the slope or linearity of the calibration curve, nor the peak-to-noise ratio.

=> dis ibib abs l2 2-4

L2 ANSWER 2 OF 4 MEDLINE on STN
ACCESSION NUMBER: 2004127979 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15018588
TITLE: Gonadotropin-releasing hormone antagonists for assisted reproductive techniques: are there clinical differences between agents?.
AUTHOR: Griesinger Georg; Felberbaum Ricardo E; Schultze-Mosgau Askan; Diedrich Klaus
CORPORATE SOURCE: Department of Obstetrics and Gynecology, Medical University of Schleswig-Holstein, Campus Lubeck, Ratzeburger Allee 160, 23538 Lubeck, Germany.
SOURCE: Drugs, (2004) Vol. 64, No. 6, pp. 563-75. Ref: 66
Journal code: 7600076. ISSN: 0012-6667.
PUB. COUNTRY: New Zealand
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200408
ENTRY DATE: Entered STN: 16 Mar 2004
Last Updated on STN: 10 Aug 2004
Entered Medline: 9 Aug 2004

AB Gonadotropin-releasing hormone (GnRH) antagonists have been tested extensively in ovarian stimulation protocols for assisted reproductive techniques (ART). GnRH antagonists immediately and rapidly inhibit gonadotropin release by the anterior pituitary gland by competitive blockage of the GnRH receptor, preventing and interrupting luteinising hormone surges in controlled ovarian hyperstimulation for infertility treatment. A review of the available literature on GnRH antagonists for ART is presented, focusing on the pharmacological and clinical properties of the two compounds available on the market, cetrorelix and ganirelix. Both cetrorelix and ganirelix are well tolerated and effective drugs for controlled ovarian hyperstimulation and are of comparable value for infertility treatment. Cetrorelix is available as a 0.25mg preparation for daily injections and as a 3mg intermediate depot preparation. Ganirelix is available as a 0.25mg preparation for daily injections.Currently, two treatment protocols are used in clinical practice: the GnRH antagonist multiple-dose protocol and the GnRH antagonist single-dose protocol. Both

protocols are effective and well tolerated. Cetrorelix and ganirelix have not yet been directly compared in a clinical trial; nor have the single-dose and the multiple-dose approaches been compared in a randomised, controlled trial. Data to compare these compounds in clinical terms can be extrapolated only from results of phase II dose-finding studies and phase III studies comparing GnRH agonist cycles with GnRH antagonists in single- and multiple-dose protocols. Therefore, all conclusions on clinical differences between cetrorelix and ganirelix should remain tentative, as they are based on a limited amount of available data.Randomised, controlled trials comparing cetrorelix and ganirelix are warranted to further evaluate benefits and drawbacks of individual GnRH antagonists. Furthermore, more data are needed to determine the efficacy and safety of cetrorelix and ganirelix in established treatment protocols in patients other than those included in clinical trials investigating new drugs, such as "poor responders", patients with polycystic ovaries, patients with a history of allergy or overweight patients.

L2 ANSWER 3 OF 4 MEDLINE on STN
ACCESSION NUMBER: 2003305226 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12831586
TITLE: The impact of LH serum concentration on the clinical outcome of IVF cycles in patients receiving two regimens of clomiphene citrate/gonadotrophin/0.25 mg cetrorelix .
AUTHOR: Tavaniotou Asimina; Albano Carola; Van Steirteghem Andre; Devroey Paul
CORPORATE SOURCE: AZ-VUB, Centre for Reproductive Medicine, Dutch-Speaking Free University of Brussels, Laarbeeklaan 101, 1090 Brussels, Belgium.
SOURCE: Reproductive biomedicine online, (2003 Jun) Vol. 6, No. 4, pp. 421-6.
Journal code: 101122473. ISSN: 1472-6483.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200308
ENTRY DATE: Entered STN: 1 Jul 2003
Last Updated on STN: 8 Aug 2003
Entered Medline: 7 Aug 2003

AB Clomiphene citrate treatment with the association of gonadotrophins and the GnRH antagonist cetrorelix 0.25mg was analysed in two different stimulation protocols for IVF. In protocol I, 18 patients were sequentially stimulated with clomiphene citrate and gonadotrophins. In protocol II, 28 patients started the gonadotrophin injections during the clomiphene citrate administration. LH values significantly dropped after the first 0.25 mg cetrorelix injection in both protocols. A total of 22% and 7% of cycles were cancelled in protocols I and II, respectively, because of poor follicular development. The clinical pregnancy rate following embryo transfer was 18.1% in protocol I and 29.1% in protocol II. In two (11.1%) cycles stimulated according to protocol I and in eight (28.5%) cycles from protocol II, premature LH surges occurred. In patients with premature LH surge, significantly fewer metaphase II oocytes were obtained. The clinical pregnancy rate following embryo transfer was 12.5% in patients with surge compared with 29.6% in patients without. LH values were lower before HCG injection in patients who achieved pregnancy in the study cycle. In conclusion, sequential clomiphene citrate and gonadotrophin administration is not recommended for clomiphene citrate/gonadotrophin/ cetrorelix 0.25 cycles. Cetrorelix 0.25 mg/day was associated with a high incidence of premature LH surges and premature LH

surges were associated with an adverse cycle outcome.

L2 ANSWER 4 OF 4 MEDLINE on STN
ACCESSION NUMBER: 2002214295 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11950487
TITLE: Comparison of GnRH agonists and antagonists in unselected IVF/ICSI patients treated with different controlled ovarian hyperstimulation protocols: a matched study.
AUTHOR: Del Gadillo Juan C Barros; Siebzehnrubl Ernst; Dittrich Ralf; Wildt Ludwig; Lang Norbert
CORPORATE SOURCE: Universitats Frauenklinik Erlangen, Universitats str. 21-23, D-91054 Erlangen, Germany.
SOURCE: European journal of obstetrics, gynecology, and reproductive biology, (2002 May 10) Vol. 102, No. 2, pp. 179-83.
Journal code: 0375672. ISSN: 0301-2115.
PUB. COUNTRY: Ireland
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200211
ENTRY DATE: Entered STN: 13 Apr 2002
Last Updated on STN: 11 Dec 2002
Entered Medline: 4 Nov 2002

AB OBJECTIVES: To evaluate the results of the use of GnRH antagonist (GnRHant) and GnRH analog (GnRHa) in two matched groups of unselected IVF/ICSI patients in a retrospective matched pair analysis. STUDY DESIGN: Patients (n=52) were stimulated with human menopausal gonadotropin (hMG) and/or recombinant FSH (rFSH). In Group I (n=26) a daily dose of 0.25mg of Cetrorelix (GnRHant) was administered when follicles reached a diameter of > or = 14 mm. Patients in Group II (n=26) were first desensitized with GnRHa triptorelin long protocol, which was continued during the gonadotropins treatment until the induction of ovulation. RESULTS: In both groups, serum LH levels remained low during the stimulation. The mean length of stimulation, and the dose of FSH required per patient were similar in both groups. The mean E2 level on day of hCG administration was significantly higher in the patients of Group II (2076+/-1430 versus 1145+/-605 pg/ml), however, a progressive increase in serum E2 concentration during the cycle was noted in both groups. A median of 5.38 and 6.34 mature oocytes per patient was obtained, and the fertilization rate was 59.3% in Group I and 63.6% in Group II. Pregnancy rate (PR) were better in Group II (15 versus 5%), and no severe or moderate ovarian hyperstimulation syndrome (OHSS) occurred. CONCLUSIONS: GnRHant and GnRHa provide comparable results in unselected patients, while GnRHant allows a higher flexibility in the treatment.

=> FIL STNGUIDE

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	2.44	2.65

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FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Aug 18, 2006 (20060818/UP).

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               MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),
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FILE 'HOME' ENTERED AT 15:27:51 ON 24 AUG 2006

=> file medline

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.21	0.21

FILE 'MEDLINE' ENTERED AT 15:28:01 ON 24 AUG 2006